



RIGHTS-OF-WAY USER UTILITY REGISTRATION FORM

RIGHTS-OF-WAY USER CONTACT INFORMATION (PLEASE PRINT)

COMPANY: _____ TELEPHONE # _____
 CONTACT NAME: _____ CELL # _____
 ADDRESS _____ E-MAIL _____
 CITY, STATE, ZIP _____

TYPE OF FACILITIES WITHIN RIGHTS-OF-WAY:

WATER SANITARY SEWER COMMUNICATION/CATV GAS ELECTRICAL OTHER _____

ORDINANCE APPROVING ROW-USER'S FRANCHISE AGREEMENT:

Ordinance No. _____ Date Approved: _____

I, the undersigned, first being duly sworn, on my oath, hereby affirm that I am the duly qualified and acting (Title) _____ of the above-indicated Rights-of-Way User (the "ROW-User"), and as such I am familiar with the books and records of the Row-User and am authorized to make the statements contained herein on behalf of the ROW-User. I hereby affirm that the ROW-User has over Twenty-Five Million dollars (\$25,000,000) in net assets and does not have a history of permitting non-compliance with the City and otherwise qualified pursuant to § 67.1830(6)(a) RSMo. of the Revised Missouri Statute to be exempt from bonding and insurance requirements relating to the ROW-User's use of the City's Rights-of-Way as set forth in § 67.1830(6)(a) RSMo. The ROW-User understands that if at any time the ROW-User no longer has aforementioned net assets, becomes in noncompliance, or otherwise is no longer exempt from bond or insurance requirements pursuant to § 67.1830(6)(a) RSMo., the ROW-User shall be required to comply with such requirements, including but not limited as set forth in City Code, to the fullest extent required under state law, the City Code, and any Franchise or Right-of-Way Agreement executed by the ROW-User and approved by the City in the ordinance or resolution indicated above.

In Affirmation thereof, the facts stated above and information filled in on this Affidavit form are true and correct (The undersigned understands that false statements made in this filling are subject to the penalties provided under Section 575.040, RSMo).

Signature (person with authority)

Printed Name

Title

Date

Subscribed and sworn to before me this ____ day of _____, 20__.

I am commissioned as a notary public within the County of _____, State of _____, and my commission expires on _____.

[SEAL]